ON DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLE	LOCAL REPORT NUMBER*						
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION	19-4946						
OH-1P OTHER REPORTING AGENCY NAME*  Canal Fulton Police Department	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED 02 98 - ANIMAL						
COUNTY* LOCALITY*  1 - CITY 2 - VILLAGE   COROL Fulton	CRASH DATE / TIME* 11072019 1500 5 1- FATAL						
3-10WNSHIP CANALY CITED	LATITUDE DE		SERIOUS INJURY SUSPECTED				
SR 93 LOCATION ROAD NAME  CHERRY  LOCATION ROAD NAME  CHERRY	40,887	10 887723 3- MINOR INJURY SUSPECTED					
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST ASH	LONGITUDE DE	505	INJURY POSSIBLE PROPERTY DAMAGE				
	ST	-81,600	7939	ONLY			
1 - INTERSECTION 1 - NORTH IR - INTERSTATE ROUTE(TP) AL - ALLEY HW-HIGHWAY	RD - ROAD	100	INTERSECTION RELATED RSECTION OR ON APPROA				
2 - SOUTH 3 - HOUSE #  2 - SOUTH 3 - EAST 4 - WEST  2 - SOUTH SR - STATE ROUTE  AV - AVENUE LA - LANE BL - BOULEVARD MP - MILEPOST	SQ - SQUARE ST - STREET	within interchange area number of approaches					
DISTANCE DISTANCE CR - NUMBERED COUNTY ROUTE CT - COURT PK - PARKWAY	TE - TERRACE TL - TRAIL	ROADWAY					
1 - MILES 2 - FEET ROUTE DR - DRIVE PI - PIKE ROUTE HE - HEIGHTS PL - PLACE	ROADWAY DIVIDED						
LOCATION OF FIRST HARMFUL EVENT MANNER OF CRASH COLLISION/IMI		DIRECTION OF TRAVEL	MEDIAN	TYPE			
O 1 1- ON ROADWAY 9- CROSSOVER 10- DRIVEWAY/ALLEY ACCESS 2 1- NOT COLLISION 4- REAR-TO-REAR BETWEEN 5- BACKING TWO MOTOR 5- BACKING	t .	1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET)					
3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING L VEHICLES IN 6 - ANGLE 4 - ON ROADSIDE 12 - SHARED USE PATHS OR TRANSPORT 7 - SIDESWIPE, SI	ME DIRECTION	3 - EAST	LUSH MÉDIAN )				
5 - ON GORE TRAILS 2 - REAR-END 8 - SIDESWIPE, OF	POSITE DIRECTION	4-WEST		EPRESSED MEDIAN			
7 - ON RAMP 14-TOLL BOOTH	OWN		(ANY TYPE	()			
8 - OFF RAMP 99 - OTHER / UNKNOWN		CONTOUR	CONDITIONS	SURFACE			
WORK ZONE RELATED  WORK ZONE TYPE  1 - LANE CLOSURE  1 - BEFORE THE 1S		2	2	2			
WORKERS PRESENT 2 - LANE SHIFT/CROSSOVER WARNING SIGN 3 - WORK ON SHOULDER 2 - ADVANCE WARN	ING AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE			
LAW ENFORCEMENT PRESENT OR MEDIAN 3-TRANSITION AR 4-INTERMITTENT OR MOVING WORK 4-ACTIVITY AREA	ΕA		2 - WET	2 - BLACKTOP, BITUMINOUS,			
ACTIVE SCHOOL ZONE 5 - OTHER 5 - TERMINATION A	REA		3 - SNOW 4 - ICE	ASPHALT			
LIGHT CONDITION WEATHER			5 - SAND, MUD, DIRT,	3 - BRICK/BLOCK 4 - SLAG, GRAVEL,			
1 - DAYLIGHT 2 - DAWN/DUSK 2 - CLOUDY 7 - SEVERE CROSSWINDS			OIL, GRAVEL 6 - WATER (STANDING,	STONE 5 - DIRT			
3 - DARK - LIGHTED ROADWAY 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIF	3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW						
5 - DARK – UNKNOWN ROADWAY LIGHTING 5 - SLEET, HAIL 99 - OTHER / UNKNOWN	ZING DRIZZLE		7 - SLUSH 9 - OTHER/UNKNOWN				
9-OTHER/UNKNOWN							
NARRATIVE				Indicate the north direction with an "N" on the			
Unit 2 was stopped on Cherry St W (SR 93) at Ash St when Unit 1 rear ended Unit 2. Unit 1 stated she dropped her phone and when she went to pick it up,				compass diagram.			
she struck Unit 2. Both vehicles sustained minor damage. Unit 1 was cited for ACDA.		/	No	t To Scale			
-			(3)	N -			
			8"/				
		\ \[ \langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
-		Jeffer de fair					
	)						
	///	ASHST.					
	/						
CONCUED TO THE CONCUE		COPULATION	ATT / WISE				
CRASH REPORTED DATE / TIME DISPATCH DATE / TIME ARRIVAL DATE / TIM		SCENE CLEARED D. 1072019		PORT TAKEN BY POLICE AGENCY			
TOTAL TIME OTHER TOTAL OFFICER'S NAME*	CHECKED BY OFFIC		_	MOTORIST			
ROADWAY CLOSED INVESTIGATION TIME MINUTES SCHMITT, BENJAMIN	WILSON,	I, SARA SUPPLEMENT (CORRECTION OR ADDITION					
29 OFFICER'S BADGE NUMBER* 4	CHECKED B	Y OFFICER'S BADGE N	3 , 3	TO AN EXISTING REPORT SENT TO ODPS)			

J FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

OFF PUBLIC BAPETY MOTORIST / NON-MOTORIST							19-4946								
UNIT # NAME: LAST, FIRST, MIDDLE SMITH, BREANNA M								DATE OF BIRTH AGE GENDER 18 F							
=	ADDRESS: STREET, CITY, STATE, ZIP  5744 CAROLAND CIR CANAL FULTON OH 44614							CONTACT PHONE - INCLUDE AREA CODE							
		EMS AGENCY (NAME)				0: MEDICAL FACILITY	(NAME, CITY	SAFETY EQUIPMENT	DOT-C	SEATING POSITI	ON AIR BAG USAG	GE EJECTION	TRAPPED		
	OPERATOR I	ICENSE NUMBER		OFFENS	SE CHA	RGFD	LOCAL	OFFENSE DESC	MC HE	LMET U	CITATION	NUMBER			
OL STATE	*****							Clear Distance Ahead			1166549				
ol class	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELEC	DRIVER DISTRACTED BY			ALCOHOL / DRUG SUSPECTED  ALCOHOL MARIJUANA		condition 1	STATUS TYPE VALUE		STATUS TYPE RESULT SELECT UP				
UNIT #	NAME: LAST,	FIRST MIDDLE				OTHER DRUG			L  L_	DATE OF BIRTH		AGE	GENDER		
02		USTIN MICHAEL							05212003 16 M						
	ADDRESS: STREET, CITY, STATE, ZIP  646 HIGH ST SE CANAL FULTON OH 44614											1			
5	INJURED	EMS AGENCY (NAME)	1 011 4		TAKENT(	o: MEDICAL FACILITY	(NAME, CITY)			SEATING POSITI	ON AIR BAG USAG	E EJECTION	TRAPPED		
5	TAKEN BY							USED 04	MC HE		_ 1				
OL STATE				OFFENSE CHARGED LOCAL OF				OFFENSE DESCRIPTION			CITATION NUMBER				
ol class	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELEC		VER TRACTED		OHOL / DRUG SUSPI		condition	STATUS T	OHOL TEST YPE VALUE	STATUS TYP	PE RESULT	T SELECT UP TO 4		
			T OTHER DRUG L					DATE OF BIRTH		AGE	GENDER				
UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH							
ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE					
INJURIES	INJURIES INJURED EMS AGENCY (NAME) INJURED TAKENTO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMEN							SAFETY EQUIPMENT	DOT-Co	SEATING POSITI	DN AIR BAG USAG	E EJECTION	TRAPPED		
DI STATE	ADDRESS: STREET, CITY, STATE, ZIP  INJURIES INJURED EMS AGENCY (NAME) TAKEN BY  OL STATE OPERATOR LICENSE NUMBER  OL CLASS ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIV			OFFENSE CHARGED LOCAL CODE			OFFENSE DESC	MC HE		CITATION	NUMBER				
TORIS							UFFENSE DESC			CITATION	OTTATION NOMBER				
≥ OL CLASS			TRACTED ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA			CONDITION	STATUS TY	OHOL TEST (PE VALUE	STATUS TYP	E RESULT	SELECT UP TO 4				
L	RIES	SEATING POSITION		NAME OF TAXABLE PARTY.	0	THER DRUG		OL RESTRIC	TION(S)	DOLVED DISTRAC	TION	THE RESERVE OF THE PARTY OF THE	THE		
1 - FATAL	RIES	1 - FRONT - LEFT SIDE	1-NOT DEP					A REPORT OF THE PROPERTY OF TH	RESTRICTION(S) DRIVER DISTRACTION TEST STATUS OHOL INTERLOCK DEVICE 1 - NOT DISTRACTED 1 - NONE GIVEN						
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY		(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTATE 3 - CORRECTIVE LEI	ENSES ELECTRONIC COMMU		NICATION 3 - TEST GIVEN CONTAMINATED				
4 - POSSIBLE INJURY		3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	4 - DEPLOYED BOTH FRONT / SIDE			(ONIO - D)				DEVICE (TEXTING, TY DIALING)	PING, SA	SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN			
(MOTORCYCLE PASSENGER)			9 - DEPLOYMENT UNKNOWN 5 - M/C MOPED ONLY				5 - EXCEPT CLASS A 6 - EXCEPT CLASS A	COMMUNICATION DEVICE		/ICE 5-TE	5 - TEST GIVEN, RESULTS UNKNOWN				
1-NOT TRANSPORTED 6-SECOND - RIGHT SIDE				7-EXCEPT				& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAND-HE COMMUNICATION DEV	/ICE AL	ALCOHOL TEST TYPE			
2 - EMS (MOTORCYCLE S		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION 1 - NOT EJECTED			H - HAZMAT RESTRICTI					TH AN 1 - NONE				
3 - POLICE 8 - THIRD - MIDDLE 9 - OTHER / UNKNOWN 9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED M - MOTORCYCLE				9 - LEARNER'S PERI	MIT 6 - PASSENGER 7 - OTHER DISTRACTION			2 - BL00D 3 - URINE					
10 SI EEDED SECTION			3-TOTALLY EJECTED P - PASSENGER 4-NOT APPLICABLE N - TANKER			10 - LIMITED TO DAY	IGHT ONLY INSIDE THE VEHICLE			4 - BREATH SIDE 5 - OTHER					
1 - NONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		TR	RAPPED Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE			12 - LIMITED - OTHE	THE VEHICLE			DRUG TEST TYPE					
2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 3 - LAP BELT ONLY USED PICK-UP WITH CAP)		1 - NOTTRAPPED S - SCHOOL BUS 2 - EXTRICATED BY TOURS F & TRIPLE TRAILERS			13 - MECHANICAL DE (SPECIAL BRAKE	VICES S, HAND		1 - NO	1 - NONE						
4 - STOUCHER & CAT BEET OSED		12 - PASSENGER IN UNENCLOSED CARGO AREA				X - TANKER / HAZMAT ADAP		CONTROLS, OR OT ADAPTIVE DEVICE		1 - APPARENTLY NORMAL		2 - BLOOD 3 - URINE			
TOTAL PROJECT		13 - TRAILING UNIT	NON-MECHANICAL MEANS		GENDER		14 - MILITARY VEHIC		2 - PHYSICAL IMPAIRMEN 3 - EMOTIONAL (E.G., DEPR	1.01	HER				
6 - CHILD RESTRAINT SYSTEM – REAR FACING		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	ERIOR			F-FEMALE M-MALE		AIR BRAKES  16 - OUTSIDE MIRROF	ANGRY, DISTURBED)  4 - ILLNESS  5 - FELL ASLEEP, FAINTED,		DRU	DRUG TEST RESULT(S)			
7 DOUGTER GEAT		15 - NON-MOTORIST 99 - OTHER / UNKNOWN				U - OTHER / UNKNOWN		17 - PROSTHETIC AID				1 - AMPHETAMINES 2 - BARBITURATES			
9 - PROTECTIVE	9 - PROTECTIVE PADS USED							18 - OTHER		FATIGUED, ETC.  6 - UNDER THE INFLUENCE		3 - BENZODIAZEPINES 4 - CANNABINOIDS			
(ELBOW, KNEES, ETC.)  10 - REFLECTIVE CLOTHING							OF MEDICATIONS / DRI /ALCOHOL	5 - COCAINE							
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY									9 - OTHER / UNKNOWN	6 - OP 7 - OT	IATES / OPIOIDS HER	3			
99 - OTHER / UNK										GATIVE RESUL	.TS				

OF PUBLIC SAFETY UCCUPANT / WITNESS ADDENDUM							19-4946							
	NAME: LAST, FIRST, MIDDLE SCHOENFELD, JENNA M								TE OF BIRTH		AGE 15	GENDER F		
ANT									02252004 15 F					
CCUPAN	6801 WATERCOURSE CIR CANAL FULTON OH 44614								1 1 1 1					
00	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED Q 4					SEATING POSITION	AIR BAG USAGE	EJECTION 1	TRAPPED 1		
	UNIT#								E OF BIRTH		AGE	GENDER		
Ļ														
OCCUPAN	ADDRESS:	ADDRESS: STREET, CITY, STATE, ZIP							- INCLUDE AREA CO	DE L L L				
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	AL FACILITY (NAME, CITY) SAFETY USED		DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	UNIT # NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GEN					
Į,	ADDDESS		OTATE NO											
OCCUPAN	ADDRESS:	STREET, CITY,	STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	JTY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	UNIT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
Į.	ADDDESS.	STREET, CITY,	CTATE 71D					CONTACT PHONE						
OCCUPAN	ADDRESS.	STREET, GITT,	STATE, ZIF					CONTACT PHONE	- INCLUDE AREA CU	DE				
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
		INJL	IRIES	SAFETY	EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	AGE			
	1 - FATA			1 - NONE US	ED - OCCUPANT		T - LEFT SIDE	/FR)						
	2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 5 - CHILD RE				E OCCUPANT (MOTORCYCLE DRIVI ER BELT ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE			2 - DEPLOYED FRONT						
									3 - DEPLOYED SIDE 4 - DEPLOYED BOTH					
					R & LAP BELT USED		ORCYCLE PASS			FRONT/SIDE 5 - NOT APPLICABLE				
					STRAINT SYSTEM - D FACING		ND - MIDDLE	Œ						
	1 - NOT	TRANSPOR			ESTRAINT SYSTEM – 7 - THIRD – LEFT SIDE			9 - DEPLOTIMENT UNKNO			NOWN			
		ATED AT S	CENE	REAR FA		ORCYCLE SIDE D – MIDDLE	CAR)	EJECTION						
				7 - BOOSTER	9 - THIRD - RIGHT SI				1 - NOT EJ					
	3 - POLICE 8 - HELMET 9 - OTHER / UNKNOWN 9 - PROTEC			10 - SLEEPER SECT TIVE PADS USED 11 - PASSENGER IN					2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED					
				KNEES, ETC.)	O AREA (NON-TR ICK-UP WITH CAP	AILING UNIT,	4 - NOT APPLICABLE							
	F-FEMALE 10- REFLECT				IVE CLOTHING	VCLOSED	TRAPPED							
	M - MALE / BICYCL			LE ONLY CARGO AREA					TRAPPED					
	U - OTHER / UNKNOWN 99 - OTHER /			UNKNOWN 13 - TRAILING UNIT 14 - RIDING ON VEHICE			EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS						
						15 - NON-I	TRAILING UNIT) MOTORIST R / UNKNOWN			BY NON-ME	CHANICA	L		
	NAME: LAS	T, FIRST, MIDD	LE			,, offic	OININGWIN	DAT	E OF BIRTH		AGE	GENDER		
WITNESS	ADDDDD	0705			***************************************			0047107						
M	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE .		,		
	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
ESS								SALE OF SALES						
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
WITNESS	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COL	DE.	<u></u>			
110	V 0055 0114		500						4 1		****	OF.		